

Form **990-BL**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Information and Initial Excise Tax Return for Black Lung Benefit Trusts and Certain Related Persons
(See separate instructions.)
(Under section 501(c)(21) of the Internal Revenue Code)

OMB No. 1545-0049
Expires 2-28-94

For calendar year 19 , or fiscal year beginning , 19 , and ending , 19

(See General Instruction A and the Specific Instructions for completing the heading.)

Name of trust	Employer identification number of trust
Name of other person filing return	Social security or E.I. no. of other filer
Address of filer (number, street, room, or P.O. box number)	If application pending, check here . . . <input type="checkbox"/>
	If address changed, check here. . . <input type="checkbox"/>
City or town, state and ZIP code	FMV of assets at beginning of operator's tax year. . . <input type="checkbox"/>

Return filed by (check box that applies):
☐ Trust (Open for public inspection—other than Part IV) ☐ Trustee (Not open for public inspection) ☐ Disqualified person (Not open for public inspection)

Part I

Analysis of Revenue and Expenses (see instructions)

Revenue	1 Contributions received	1	
	2 Investment income:		
	a Interest on certain securities of the U.S., state, and local governments	2a	
	b Interest on time or demand deposits in a bank or insured credit union (described in section 501(c)(21)(B)(ii)(III))	2b	

The books are in care of ▶

Located at ▶

Telephone number ▶ ()

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of person filing return Date Title

Paid Preparer's Use Only

Preparer's signature Date

Firm's name (or yours, if self-employed) and address ZIP code

For Paperwork Reduction Act Notice, see page 1 of the instructions. Cat. No. 10315Y Form **990-BL** (Rev. 4-91)

Part III Questionnaire**Yes No**

22 Have any changes not previously reported to the Internal Revenue Service been made in your governing instrument, or other similar instrument?
If "Yes," attach a conformed copy of the changes.

23 Self-dealing (section 4951):

a Have you engaged in any of the following acts during the year either directly or indirectly, with one or more disqualified persons (see instructions for definition)—

(1) Sale, exchange, or leasing of property?

(2) Borrowing or lending of money or other extension of credit?

(3) Furnishing of goods, services, or facilities?

(4) Payment of compensation (or payment or reimbursement of expenses)?

(5) Transfer to, or use by or for the benefit of, a disqualified person of any part of your income or assets?

b If any of questions 23a(1) through 23a(5) is answered "Yes," were all of the acts in which you engaged excepted acts as described in the instructions?

c If 23b is "No," complete Schedule A (Form 990-BL), Part I, Section A.

24 Taxes on taxable expenditures (section 4952):

During the year did you pay, or incur a liability to pay, any amount for any purpose other than for payment of: (1) black lung benefits, (2) administrative expenses of the trust, (3) premiums for insurance covering liabilities for black lung benefits, (4) permitted investments of trust funds, (5) transfer of funds to the Federal Black Lung Disability Fund or to the general fund of the U.S. Treasury, or (6) return of excess contributions to the coal mine operator who contributed them?

If "Yes," complete Schedule A (Form 990-BL), Part I, Section B.

25 Has corrective action been taken with respect to any transaction which resulted in Chapter 42 taxes being reported on Schedule A (Form 990-BL)?

If "Yes," attach a detailed documentation and description of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$ _____
(For any uncorrected acts, attach explanation (see instructions).)

26 Officers, directors, trustees and their compensation, if any, for the tax year:

(a) Name and Address	(b) Title and time devoted to position	(c) Contributions to employee benefit plans	(d) Expense account, other allowances	(e) Compensation (If not paid, enter zero)

Total ►

Part IV Statement With Respect to Contributors, etc. (Not open for public inspection)

1 Persons who contributed \$5,000 or more in the taxable year (if more space is needed, attach schedule):

Name	Address

2 During the period covered by this return did the trust receive any contributions in excess of the maximum allowable deduction for the contributor under section 192?

Yes No

SCHEDULE A
(Form 990-BL)

(Rev. April 1991)

Department of the Treasury
Internal Revenue Service

Computation of Initial Excise Taxes on
Black Lung Benefit Trusts and Certain Related Persons

(Under sections 4951 and 4952 of the Internal Revenue Code)

OMB No. 1545-0049
Expires 2-28-94

NOT Open for
Public Inspection

For the calendar year 19 , or fiscal year beginning , 19 , and ending , 19

Name of trust/person filing return (see instructions)

Employer identification number or social
security number of filer (see
instructions)

Name of related section 501(c)(21) trust (if applicable)

Return filed by (see instructions, check box that applies):

☐ Trust ☐ Trustee ☐ Disqualified person

Part I Initial Taxes on Self-dealing (Section 4951) and Taxable Expenditures (Section 4952)

SECTION A.—Acts of Self-dealing and Tax Computation (Section 4951)

(a) Act number	(b) Date of act	(c) Description of act
1		
2		
3		
4		

(d) Names of disqualified persons liable for tax	(e) Names of trustees liable for tax

(f) Amount involved in act	(g) Initial tax on self-dealing disqualified person (10% of column (f))	(h) Tax on trustee (if applicable) (2½% of column (f))
Total		

SECTION B.—Taxable Expenditures and Tax Computation (Section 4952)

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				

(f) Names of trustees liable for tax	(g) Tax imposed on trust (10% of column (b))	(h) Tax imposed on trustee (if applicable) (2½% of column (b))
Total		

Part II Summary of Taxes

1	Enter section 4951 tax on disqualified person (Part I, Section A, column (g))	1	
2	Enter section 4951 tax on trustee (Part I, Section A, column (h))	2	
3	Enter section 4952 tax on trust (Part I, Section B, column (g))	3	
4	Enter section 4952 tax on trustee (Part I, Section B, column (h))	4	
5	Tax due (see instructions). Pay in full with return. Make check or money order payable to "Internal Revenue Service."	5	